

United States Bankruptcy Court
Eastern District of Michigan

In re **Roger L Esterwood**

Debtor

Case No. **08-61078-swr**Chapter **13**

SUMMARY OF SCHEDULES - AMENDED

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	0.00		
B - Personal Property	Yes	6	56,396.38		
C - Property Claimed as Exempt	Yes	3			
D - Creditors Holding Secured Claims	Yes	1		0.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	1		0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	4		174,933.12	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	2			4,952.50
J - Current Expenditures of Individual Debtor(s)	Yes	2			3,052.72
Total Number of Sheets of ALL Schedules		22			
		Total Assets	56,396.38		
			Total Liabilities	174,933.12	

United States Bankruptcy Court
Eastern District of Michigan

In re **Roger L Esterwood**

Debtor

Case No. **08-61078-swr**Chapter **13**

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	0.00
Student Loan Obligations (from Schedule F)	0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	0.00
TOTAL	0.00

State the following:

Average Income (from Schedule I, Line 16)	4,952.50
Average Expenses (from Schedule J, Line 18)	3,052.72
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20)	8,565.85

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column	0.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column	0.00
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column	0.00
4. Total from Schedule F	174,933.12
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)	174,933.12

In re Roger L Esterwood,
DebtorCase No. 08-61078-swr

AMENDED
SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. xxxxxxxxxxxx1303			Opened 6/01/88 Last Active 6/05/08 CreditCard				
American Express c/o Becket and Lee Po Box 3001 Malvern, PA 19355	-						24,158.96
Account No. xxxxxxxxxxxx7483			Opened 8/01/88 Last Active 7/11/08 CreditCard				
American Express c/o Becket and Lee Po Box 3001 Malvern, PA 19355	-						12,533.50
Account No. xxxxxxxxxxxx5696			Opened 4/01/74 Last Active 7/01/08 CreditCard				
Assoc / Citi Attn: Centralized Bankruptcy Po Box 20507 Kansas City, MO 64195	-						24,699.81
Account No. 3173			Opened 6/01/81 Last Active 7/19/08 CreditCard				
Bank of America Attn: Bankruptcy Dept NC4-105-03-14 Po Box 26012 Greensboro, NC 27420	-						2,089.00
<u>3</u> continuation sheets attached				Subtotal (Total of this page)			63,481.27

In re

Roger L EsterwoodCase No. 08-61078-swr

Debtor

AMENDED
SCHE
DULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONT INGENT	UN LI QU IDA TE D	DIS PUT ED	AMOUNT OF CLAIM
Account No. 3486		Opened 8/01/82 Last Active 7/19/08 CreditCard				
Bank of America Attn: Bankruptcy Dept NC4-105-03-14 Po Box 26012 Greensboro, NC 27420	-					1,039.00
Account No. xxxxxxxx5082		Opened 11/01/85 Last Active 7/11/08 CreditCard				
Cap One Attn: C/O TSYS Debt Management Po Box 5155 Norcross, GA 30091	-					4,825.61
Account No. xxxxxxxx5817		Opened 5/01/93 Last Active 7/31/08 CreditCard				
Chase 201 N Walnut Street Wilmington, DE 19801	-					3,339.00
Account No. xxxxxxxx0078		Opened 10/01/77 Last Active 7/01/08 CreditCard				
Chase Attn: Bankruptcy Dept Po Box 100018 Kennesaw, GA 30156	-					1,312.00
Account No. xxxxxxxx2633		Opened 7/01/88 Last Active 7/23/08 CreditCard				
Citi Po Box 6241 Sioux Falls, SD 57117	-					21,223.96
Sheet no. 1 of 3 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			31,739.57

In re

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Debtor

AMENDED
SCHE
DULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONT INGENT	UN LI QU IDA TE D	DIS PUT ED	AMOUNT OF CLAIM
Account No. xxxxxxxxxx0081		Opened 4/01/84 Last Active 7/21/08 CreditCard				
Citi P.o. Box 6500 Sioux Falls, SD 57117	-					4,693.96
Account No. xxxxxxxxxxxxx1523		Opened 7/11/89 Last Active 7/28/08 CreditCard				
Citi Attn: Centralized Bankruptcy Po Box 20507 Kansas City, MO 64195	-					9,708.07
Account No. xxxxxxxxxx8006		Opened 3/01/90 Last Active 8/03/08 CreditCard				
Discover Financial Attention: Bankruptcy Department Po Box 3025 New Albany, OH 43054	-					5,158.13
Account No. xxxxxxxxxx1420		Opened 9/01/89 Last Active 7/18/08 ChargeAccount				
Dsnb Macys Attn: Bankruptcy 6356 Corley Rd Norcross, GA 30071	-					1,174.41
Account No. 0863		Opened 5/01/86 Last Active 8/04/08 CreditCard				
Fia Csna Po Box 26012 Nc4-105-02-77 Greensboro, NC 27410	-					7,653.00
Sheet no. 2 of 3 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			28,387.57

In re

Roger L EsterwoodCase No. 08-61078-swr

Debtor

AMENDED
SCHE
DULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONT INGENT	UN LI QU IDA TE D	DIS PUT ED	AMOUNT OF CLAIM
Account No. 0107		Opened 7/01/87 Last Active 8/05/08 CreditCard				
Fia Csna Po Box 26012 Nc4-105-02-77 Greensboro, NC 27410	-					947.00
Account No. xxxxxxxxx1004		Opened 7/01/73 Last Active 8/07/08 CreditCard				
Natl Cty Crd Attention: Bankruptcy Department 6750 Miller Road Brecksville, OH 44141	-					9,779.87
Account No. xxxxxxxxx1149		Opened 3/01/93 Last Active 7/07/08 CreditCard Subject to setoff.				
Unvl/citi Po Box 20507 Kansas City, MO 64195	-					8,592.70
Account No. xxxxxxxxxxxxx0959		Opened 3/01/87 Last Active 7/28/08 CreditCard				
Us Bank/na Nd 4325 17th Ave S Fargo, ND 58125	-					20,991.70
Account No. xxxxxxxxxxxxx5928		Opened 11/01/06 Last Active 7/28/08 CreditCard				
Visdsnb Bankruptcy 6356 Corley Rd Norcross, GA 30071	-					11,013.44
Sheet no. 3 of 3 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			51,324.71
			Total (Report on Summary of Schedules)			174,933.12

In re Roger L EsterwoodCase No. 08-61078-swr

Debtor(s)

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S) - AMENDED

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status:	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP(S): None.	AGE(S):
Employment:	DEBTOR	SPOUSE
Occupation	Compensation Manager	
Name of Employer	Borders Group, Inc.	
How long employed	13 years	
Address of Employer	100 Phoenix Drive Ann Arbor, MI 48103	
INCOME: (Estimate of average or projected monthly income at time case filed)		
1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly)	\$ 8,043.00	\$ 0.00
2. Estimate monthly overtime	\$ 0.00	\$ 0.00
3. SUBTOTAL	\$ 8,043.00 \$ 0.00	
4. LESS PAYROLL DEDUCTIONS		
a. Payroll taxes and social security	\$ 2,493.00	\$ 0.00
b. Insurance	\$ 133.50	\$ 0.00
c. Union dues	\$ 0.00	\$ 0.00
d. Other (Specify) <u>See Detailed Income Attachment</u>	\$ 464.12	\$ 0.00
5. SUBTOTAL OF PAYROLL DEDUCTIONS	\$ 3,090.62 \$ 0.00	
6. TOTAL NET MONTHLY TAKE HOME PAY	\$ 4,952.38 \$ 0.00	
7. Regular income from operation of business or profession or farm (Attach detailed statement)	\$ 0.00	\$ 0.00
8. Income from real property	\$ 0.00	\$ 0.00
9. Interest and dividends	\$ 0.12	\$ 0.00
10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above	\$ 0.00	\$ 0.00
11. Social security or government assistance (Specify):	\$ 0.00	\$ 0.00
12. Pension or retirement income	\$ 0.00	\$ 0.00
13. Other monthly income (Specify):	\$ 0.00	\$ 0.00
14. SUBTOTAL OF LINES 7 THROUGH 13	\$ 0.12 \$ 0.00	
15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)	\$ 4,952.50 \$ 0.00	
16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15)	\$ 4,952.50	

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:
Bonus received in April of 2008 is an annual bonus and is reflected in Schedule I as part of salary at \$143/month.

Health Savings Account is now \$83.33 per month. Was averaging \$69 per month.

Debtor anticipates a 2% - 3% cost of living raise effective April 6, 2009. This is programmed into his income number on Schedule I, pro-rated.

Debtor will stop his 401(k) savings payroll deduction, effective, 12/5/08. Debtor no longer intends to take 401(k) distributions.

In re Roger L EsterwoodCase No. 08-61078-swr

Debtor(s)

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S) - AMENDED
Detailed Income Attachment

Other Payroll Deductions:

Health Savings Account	\$ 83.33	\$ 0.00
401(k) Loan	\$ 369.96	\$ 0.00
Charitable Contribution	\$ 10.83	\$ 0.00
Total Other Payroll Deductions	\$ 464.12	\$ 0.00

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S) - AMENDED

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home)		\$ <u>1,216.00</u>
a. Are real estate taxes included?	Yes <u> </u>	No <u>X</u>
b. Is property insurance included?	Yes <u> </u>	No <u>X</u>
2. Utilities:		
a. Electricity and heating fuel		\$ <u>138.75</u>
b. Water and sewer		\$ <u>0.00</u>
c. Telephone		\$ <u>120.86</u>
d. Other <u>See Detailed Expense Attachment</u>		\$ <u>145.18</u>
3. Home maintenance (repairs and upkeep)		\$ <u>0.00</u>
4. Food		\$ <u>340.00</u>
5. Clothing		\$ <u>60.00</u>
6. Laundry and dry cleaning		\$ <u>5.00</u>
7. Medical and dental expenses		\$ <u>55.00</u>
8. Transportation (not including car payments)		\$ <u>665.33</u>
9. Recreation, clubs and entertainment, newspapers, magazines, etc.		\$ <u>100.00</u>
10. Charitable contributions		\$ <u>0.00</u>
11. Insurance (not deducted from wages or included in home mortgage payments)		
a. Homeowner's or renter's		\$ <u>17.92</u>
b. Life		\$ <u>24.18</u>
c. Health		\$ <u>0.00</u>
d. Auto		\$ <u>0.00</u>
e. Other		\$ <u>0.00</u>
12. Taxes (not deducted from wages or included in home mortgage payments)		
(Specify)		\$ <u>0.00</u>
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)		
a. Auto		\$ <u>0.00</u>
b. Other		\$ <u>0.00</u>
c. Other		\$ <u>0.00</u>
14. Alimony, maintenance, and support paid to others		\$ <u>0.00</u>
15. Payments for support of additional dependents not living at your home		\$ <u>0.00</u>
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)		\$ <u>0.00</u>
17. Other <u>See Detailed Expense Attachment</u>		\$ <u>164.50</u>
18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)		\$ <u>3,052.72</u>
19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:		
20. STATEMENT OF MONTHLY NET INCOME		
a. Average monthly income from Line 15 of Schedule I		\$ <u>4,952.50</u>
b. Average monthly expenses from Line 18 above		\$ <u>3,052.72</u>
c. Monthly net income (a. minus b.)		\$ <u>1,899.78</u>

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S) - AMENDED
Detailed Expense Attachment

Other Utility Expenditures:

<u>Cable</u>	\$	<u>99.23</u>
<u>Internet</u>	\$	<u>45.95</u>
<u>Total Other Utility Expenditures</u>	\$	<u>145.18</u>

Other Expenditures:

<u>Work lunch and coffee</u>	\$	<u>80.00</u>
<u>Hair cuts</u>	\$	<u>45.00</u>
<u>Gym/Health Club</u>	\$	<u>39.50</u>
<u>Total Other Expenditures</u>	\$	<u>164.50</u>

United States Bankruptcy Court
Eastern District of Michigan

In re **Roger L Esterwood**

Debtor(s)

Case No. **08-61078-swr**
 Chapter **13**

STATEMENT OF ATTORNEY FOR DEBTOR(S)
PURSUANT TO F.R.BANKR.P. 2016(b)

The undersigned, pursuant to F.R.Bankr.P. 2016(b), states that:

1. The undersigned is the attorney for the Debtor(s) in this case.
2. The compensation paid or agreed to be paid by the Debtor(s) to the undersigned is: [Check one]

<input checked="" type="checkbox"/>	FLAT FEE	
A.	For legal services rendered in contemplation of and in connection with this case, exclusive of the filing fee paid	3,000.00
B.	Prior to filing this statement, received	1,005.00
C.	The unpaid balance due and payable is	1,995.00
<input type="checkbox"/>	RETAINER	
A.	Amount of retainer received	_____
B.	The undersigned shall bill against the retainer at an hourly rate of \$_____. [Or attach firm hourly rate schedule.] Debtor(s) have agreed to pay all Court approved fees and expenses exceeding the amount of the retainer.	
3. \$ **274.00** of the filing fee has been paid.
4. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: [Cross out any that do not apply.]

<input type="checkbox"/>	Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
<input type="checkbox"/>	Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
<input type="checkbox"/>	Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
<input type="checkbox"/>	Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
<input type="checkbox"/>	Reaffirmations;
<input type="checkbox"/>	Redemptions;
<input type="checkbox"/>	Other.

Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.
5. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.
6. The source of payments to the undersigned was from:

<input type="checkbox"/>	XX	Debtor(s)' earnings, wages, compensation for services performed
<input type="checkbox"/>	_____	Other (describe, including the identity of payor) _____
7. The undersigned has not shared or agreed to share, with any other person, other than with members of the undersigned's law firm or corporation, any compensation paid or to be paid except as follows:

Dated: **November 28, 2008**

/s/ Guy T. Conti

Attorney for the Debtor(s)
Guy T. Conti 03673-2005 (NJ) P68889 (MI)
The Law Offices of Guy T. Conti, PLLC
302 N. Huron Street
Ypsilanti, MI 48197
888-489-3232 gconti@contilegal.com

Agreed: **/s/ Roger L Esterwood**
Roger L Esterwood
 Debtor

Debtor

UNITED STATES BANKRUPTCY COURT
Eastern District of Michigan

COVER SHEET FOR AMENDMENTS

CASE NAME: Roger L Esterwood

CASE NUMBER: 08-61078-swr

The enclosed documents amend the petition, schedule, statement of financial affairs, statement of income and expenses, matrix or summary of assets and liabilities.

The purpose of this amendment is to:

- Add creditors to schedule(s) _____. How many? _____.
(Use second page of this form to list creditors added).
- \$26.00 Amendment Fee.** This fee is required whenever you add creditors to a case, delete creditors, change the amount of a debt or change the classification of a debt. The fee is not required when correcting addresses of previously listed creditors. It is not required when new schedules are filed in a converted case.
- Correct the addresses of creditors already listed on the schedules and matrix previously filed.
(Use second page of this form).
- Other: (Provide detail of Amendment) Summary of Schedules/Statistical Summary, Schedule F (with changes to amounts of debts), Schedule I, Schedule J, Rule 2016(b) Statement
- Amend Schedules and list of creditors.** Schedules must be verified by the debtor(s).
- Amend Matrix.** Please do not send a matrix adding creditors to a case unless you also send the amended schedules. Do not send a new matrix to correct an address. Use the second page of this form. Pursuant to L.B.R. 1007-2 & 1009-1 an amendment to a matrix filed by a debtor without an attorney must have a complete paper copy attached to this form. Electronic filers must upload creditors to the ECF system.

NOTE: LBR 1009-1(b) requires the debtor to serve a copy of the amendment and the cover sheet for amendments on the trustee and all other entities affected by the amendment.

CORRECTIONS AND ADDITIONS TO MAILING MATRIX

Use this section of the form to make corrections to the names and address of any creditors or parties in interest who are listed on the current matrix of the case.

NAME OF CREDITOR (As it now appears):

Previous address:

(Please print)

Please change to:

NAME OF CREDITOR (As it now appears):

Previous address:

(Please print)

Please change to:

NAME OF CREDITOR (As it now appears):

Previous address:

(Please print)

Please change to:

Use this section of the form to **IDENTIFY** creditors added to the schedules and matrix.

NAME OF CREDITOR (As it now appears):

Address

(Please print)

NAME OF CREDITOR (As it now appears):

Address

(Please print)

FOR ADDITIONAL CHANGES COPY THIS SHEET AND CONTINUE

Signature: /s/Guy T. Conti

Guy T. Conti 03673-2005 (NJ) P68889 (MI)

Name of Attorney

302 N. Huron Street

Ypsilanti, MI 48197

734-272-4771

gconti@contilegal.com

I/We do hereby affirm under penalty of perjury that I/we have read the foregoing form, *Cover Sheet for Amendments*, and all pleadings and attachments thereto, and do hereby affirm that the information contained herein is true and accurate to the best of my knowledge, information and belief.

Signature: /s/Roger L. Esterwood
Roger L Esterwood
Name of Debtor

Signature: _____

Name of Joint Debtor, if applicable